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PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted with Initial Filing OR Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	148/257
First Named Inventor	ABDULHAYOGLU, Melih
COMPLETE IF KNOWN	
Application Number	/
Filing Date	
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**IMPROVEMENTS IN AND RELATING TO
DATA PROCESSING APPARATUS AND VERIFICATION METHODS**

(Title of the Invention)

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY)

02/16/2001 /

as United States Application Number or PCT International

(if applicable).

Application Number

and was amended on (MM/DD/YYYY)

/

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
GB 9818184.5 /	Great Britain	08/20/1998	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

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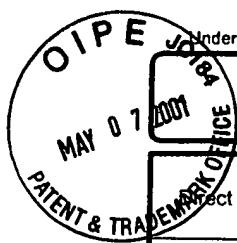
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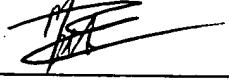
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DECLARATION — Utility or Design Patent Application



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NAME OF SOLE OR FIRST INVENTOR :		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) <u>Melih</u>		Family Name or Surname <u>ABDULHAYOGLU</u>		
Inventor's Signature 		Date <u>11/14/2001</u>		
Residence: City <u>Bradford</u> , West Yorkshire		State <u>GBN</u>	Great Country <u>Great Britain</u>	Great Citizenship <u>Great Britain</u>
Mailing Address <u>10 Hey Street, Bradford</u>				
Mailing Address				
City <u>West Yorkshire</u>		State	ZIP <u>BD7 1DO</u>	Great Country <u>Great Britain</u>
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname		
Inventor's Signature		Date		
Residence: City		State	Country	Citizenship
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<input type="checkbox"/> Additional Inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.				